

Data Entry Initials: RU/Provider #: **SUBSTANCE ABUSE SERVICES CLIENT EPISODE OPENING SUMMARY**

Client Last Name: _____ First: _____ MI: _____

Client Number: CADDs Number: Admit Date:
Month Day Year**CDC Requires
6 Digit
alphanumeric
or Z2, only!**

Coded Remarks _____ Position _____

CDC Number _____

Veteran (Y/N) _____

Perinatal _____

Staff:

Medi-Cal Eligible (Y/N) _____

Dx I: Dx. II

CalWORKS Recipient (Y/N) _____

CalWORKS Sub Abuse Trtmt (Y/N) WTW _____

Referred From:

FOTP Parolee (Y/N) _____

Admission Status:

FOTP Priority Status (Yor Z2) _____

Initial Admission Y/N: Number of Prior Admits (0-9): Admission Legal Status: Medication Prescribed (1-3): Admission Employment Status: Needles Used Past Year (Y/N) Number of Children in Household:

Special Contract Code

 Z 2

Special Contract Number

 Z 2

Primary Secondary Tertiary

Number of Children Under 3: Problem: Client Pregnant at Admission (Y/N): Usual Route of Administration Client Homeless at Admission (Y/N): Frequency of Use: Arrests in Last 24 Months (0-99): Age of First Use: **IN THE LAST 30 DAYS (0 - 30 only valid)**Alcohol Frequency **Physical Health Problems:**IV Use: Emergency Room Visits: Paid Days Work: Hospital Overnights: Number of Arrests: Days of Physical Problems: Days in Jail **Mental Health Problems:**Days in Prison: Emergency Room Visits: Days of Social Support: Hospital/Psychiatric Facility Visits: Days Living with Substance Abuser: Prior MH Diagnosis: Y/N Conflict Days with Family: Prescribed Medication Taken: Y/N PSN Client: Y/N: Consent for Future Contact: Y/N HIV/AIDS Tested: Y/N Treatment Waiting Days: Children Aged 5 or Less Enrolled in Job Training: Y/N Enrolled in School: Y/N Children Aged 17 or Less: Diagnosed with: Children Aged 5 or Less Tuberculosis: Y/N or N/A Hepatitis C: Y/N or N/A Children Living with Others: Sexually Transmitted Disease: Y/N or N/A **Must match
number of
children in
household**

EPISODE OPENING CODES

| Diagnoses | General Referral Codes | Admission Status |
|--|--|---|
| 305.00 Alcohol Abuse | 1 Fed/State Criminal Justice | 1 Substance Abuser |
| 303.90 Alcohol Dependence | 2 Local/County Criminal Justice | 2 Spouse of Substance Abuser |
| 305.40 Barbiturates/Sedative Abuse | 3 Self | 3 Adult Child of Substance Abuser |
| 304.10 Barbiturates/Sedative Depend. | 4 Family/Friend | 4 Minor Child of Substance Abuser |
| 305.50 Opioid Abuse | 5 Employers | 5 Parent of Substance Abuser |
| 304.00 Opioid Dependence | 6 School/College | 6 Other Co-Dependent |
| 304.80 Polysubstance Dependence | 7 Medical: hospital/clinic/physicians/nurse | |
| 305.60 Cocaine Abuse | 8 Social Services | |
| 304.20 Cocaine Dependence | 9 Community Agency | |
| 305.70 Amphetamine Abuse | 10 Mental Health | |
| 304.40 Amphetamine Dependence | 11 Public Guardian | |
| 305.20 Cannabis Abuse | 12 Public Health/Public Health Nursing | |
| 304.30 Cannabis Dependence | 13 Residential Care Facility | |
| 305.30 Hallucinogen Abuse | 14 Drug Residential | |
| 304.50 Hallucinogen/PCP Depend. | 15 Drug Outpatient | |
| 305.90 Inhalant/PCP/Polysubstance Abuse | 16 Alcohol Residential/Outpatient | |
| 304.60 Inhalant Dependence | 17 Telephone Directory | |
| 304.90 Polysubstance/Psychoactive Substance Dependence | 18 Brochure/Flyer/Newspaper/Newsletter | |
| 305.10 Nicotine Dependence | 20 12 Step Program | |
| 799.90 | 21 P36 (Probation) | |
| V71.09 No Diagnosis | 22 P36 (Parole) | |
| Employment Status | Substance Abuse Problem | Legal Status |
| 1 Unemployed, has not sought employment in last 30 days | 01 Heroin | 1 Not Applicable |
| 2 Unemployed, has sought employment in last 30 days | 02 Alcohol | 2 Under Parole Supervision by CDC |
| 3 Part-time (less than 35 hours/week) | 03 Barbiturates * These require a drug name | 3 On parole from any other jurisdiction |
| 4 Full-time (more than 35 hours/week) | 04 Other Seds/Hypnotics *These require a drug name | 4 On probation from any federal, state or local jurisdiction |
| 5 Homemaker, seeking employment | 05 Methamphetamines | 5 Admitted under diversion from any court |
| 6 Homemaker, not seeking employment | 06 Other Amphetamines *These require a drug name | 6 Incarcerated |
| 7 Part-time student (less than 12 units)/not seeking employment | 07 Other Stimulants *These require a drug name | 7 Awaiting trial, charges or sentencing |
| 8 Full-time student (more than 12 units)/not seeking employment | 08 Cocaine | |
| 9 Employed Student/part-time | 09 Marijuana/Hashish | |
| 10 Disabled and unemployed/not seeking employment | 10 PCP | |
| | 11 Other Hallucinogens *These require a drug name | |
| | 12 Benzodiazepine *These require a drug name | |
| | 13 Other Tranquilizers *These require a drug name | |
| | 14 Non-Rx Methadone | |
| | 15 Other Opiates/Synth *These require a drug name | |
| | 16 Inhalants *These require a drug name | |
| | 17 Over the Counter *These require a drug name | |
| | 21 Other (Specify) *These require a drug name | |
| | 22 None | |
| | 23 Ecstasy | |
| | 24 Other Club Drugs *These require a drug name | |
| | 25 OxyCodone/OxyContin | |
| | Z 1 = Unknown | |
| | Z 3 = Other *These require a drug name | |
| Medication Prescribed | | Coded Remarks Boxes |
| 1 None | | 1-6 Parolee CDC number |
| 2 Methadone | | 10 Veteran (Y) for Yes and (N) for No |
| 3 LAAM | | 11 Taking Buprenorphine |
| 4 Buprenorphine (Subutex) | | 14 Only perinatal services recovery and treatment providers indicate if the client is receiving case management services (Y) for Yes and (N) for No |
| 5 Buprenorphine (Suboxone) | | Box 15 enter "P" and Box 16 enter "X" for all clients admitted for perinatal recovery and treatment |
| Z 3 - Other | | 17 For all clients indicate whether or not they are Medi-Cal beneficiaries (Y) for Yes and (N) for No |
| | | 22 (Y) for Yes and (N) for No if CalWORKS client is a recipient of TANF (Temporary Aid to Needy Families) |
| | | 23 (Y) for Yes and (N) for No if substance abuse treatment is part of the CalWORKS recipient's Welfare-to-Work plan. |
| Frequency of Use | | Route of Administration |
| Number between 0-30 | | 1 Oral |
| Z 2 - Not applicable | | 2 Smoking |
| | | 3 Inhalant |
| | | 4 Injection |
| | | 5 - Other |
| Days of Social Support | | Additional allowable code for entering data listed below. |
| Number of days in the last 30 days that the client participated in social support recovery activities such as 12-Step meetings, religious/Faith Recovery or Self- Help Meetings, or attending meetings of Organizations other than those listed above. | | Z0 = Client declined to state |
| | | Z1 = Unknown or not sure/don't know |
| | | Z2 = Not Applicable |
| | | Z3 = Other |